

United States District Court

MIDDLE

DISTRICT OF

PENNSYLVANIA

KONSTANTIN PROFATILO and
DORA PROFATILO, his wife
Plaintiffs

SUMMONS IN A CIVIL CASE

THE MILTON S. HERSHEY MEDICAL CENTER,
PETER MUCHA, JR., M.D., MICHAEL C.
BURNETT, M.D., and KYM A. SALNESS, M.D.
Defendants

CASE NUMBER: 1:00-CV-0633
Judge Caldwell

TO: (Name and address of defendant)

(SEE COMPLT.)

FILED
HARRISBURG, PA

MAY 25 2000

MARY E. D'ANDREA CLERK
Per _____
Deputy Clerk

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Lewis H. Markowitz, Esq.
Markowitz and Markowitz, P.C.
2 West Market St.
P.O. Box 152
York, Pa. 17405-0152
(717) 843-5527

an answer to the complaint which is herewith served upon you, within (20) Twenty days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Mary E. D'Andrea

CLERK

April 7, 2000

DATE

George T. Gardner
(BY) DEPUTY CLERK George T. Gardner

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

RETURN OF SERVICE OF PROCESS

PLAINTIFF Konstantin Profatilo and Dora Profatilo, his wife, COURT CASE NUMBER 1:00-CV-0633
 DEFENDANT The Milton S. Hershey Medical Center, et al TYPE OF PROCESS _____

SERVE The Milton S. Hershey Medical Center, Peter Mucha, Jr., M.D.

(Name individual, company; corporation, etc. to be served)
Michael C. Burnett, M.D., and Kym A. Salness, M.D.

AT see attached return green cards
 (Show Address)

SPECIAL INSTRUCTIONS OR OTHER INFORMATION REGARDING SERVICE _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT:

- I have personally served individual, company or corporation above.
- I have made service by mail as authorized by state law to the individual, company or corporation above. Appropriate state law authorizing this type of service is Pa. Judicial Code. If certified mail was authorized, attach green cards to this form.
- I have legal evidence of service, described under Remarks and attached hereto.
 (Domiciliary service, Substituted service.)
- I am unable to serve the process. (See Remarks)

NAME OF PERSON SERVED: _____

TITLE (IF ANY) OF PERSON SERVED: _____

ADDRESS WHERE SERVED: _____

DATE AND TIME OF PERSONAL SERVICE: _____

REMARKS: _____

5/22/00

Date

Sharon Stoltzmyer

Signature of Process Server

RETURN THE ORIGINAL OF THIS FORM WITH THE ORIGINAL SUMMONS FORM TO:
 OFFICE OF THE CLERK OF COURT, U.S. DISTRICT COURT
 (Clerk's address in which the assigned judge is located. Refer to the
 Notice of Judicial Assignment form.)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <u>M. Jones</u> B. Date of Delivery <u>4-14-00</u></p> <p>C. Signature <u>M. Jones</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Milton S. Hershey Med. Center 500 University Drive Hershey PA 17033</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label)</p> <p><u>P287 816 912</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <u>Peter Mucha Jr. M.D.</u> B. Date of Delivery <u>APR 17 2001</u></p> <p>C. Signature <u>Peter Mucha Jr. M.D.</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Peter Mucha Jr. M.D. West Va. University Hospital PO Box 8229 Morgantown WV 26506-8229</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label)</p> <p><u>P287 816 913</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Michael C. Burnett, MD
Hershey Med. Center
500 University Dr.
Hershey PA 17033*

2. Article Number (Copy from service label)

P287 816 914

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

M. Jones

B. Date of Delivery

4-14-00

C. Signature

X

M. Jones

Agent

Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Kym A. Salness, MD
Hershey Med. Center
500 University Dr.
PO Box 850
Hershey, PA 17033 -0850*

2. Article Number (Copy from service label)

P287 816 915

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

M. Jones

B. Date of Delivery

4-14-00

C. Signature

X

M. Jones

Agent

Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-99-M-1789